

Open Enrollment
Issue — May 2006

Your Benefits

Department of Administration

Office of Group Insurance

Boise, Idaho

FY 07 Plan Highlights ...

- **No monthly** premium increases.
- **Medical Plan Enhancements:**
Asthma Management, Outpatient Cardiac Rehabilitation, Medical Mental Health Benefits
- **New Dental PPO Option Available.**
- **Premium Holiday** for state employees, and retirees.
- **No changes** to Basic Medical, Prescription and Vision Plans design.
- **Online Enrollment** for Flexible Spending Accounts (FSAs).

No Monthly Premium Increases for FY 07

Medical and Dental Plans Enhanced

State of Idaho employees and their dependents will see enhancements in their Medical and Dental Plans for FY 2007.

Monthly premiums will not increase for medical, dental or vision benefits.

Supplemental life insurance rates are unchanged as well. (*Premium rate chart, page 2*)

Medical Plan Enhancements for FY 07

Asthma Management has been added to the *Disease Management Program* and will be made available to those Members identified for services by their physicians. (*See story, page 3*)

Outpatient Cardiac Rehabilitation benefits have also been added to both the Traditional and PPO plans. (*See story, page 3*)

Medical Mental Health Change

During the past Session, the Legislature passed and the Governor signed **House Bill 615** which provides increased medical mental health benefit for specifically identified mental health conditions. These benefits will be available to active employees and their dependents who are enrolled in the medical plan. Additional information will be provided to you at a later date.

Enhanced Dental Benefits

Effective July 1, 2006, you and your dependents may take advantage of enhanced dental benefits. If your dentist is a participant in the Delta Dental preferred provider (PPO) network, you are automatically eligible. There is **no increase** in your premium, **and no enrollment actions are required on your part.** (*See story, page 3*)

Premium Holiday

This fall, you will receive a one-month premium holiday on your medical plan. The state and employee paid premiums will be covered from reserves that had been contractually obligated to the state's former Insurer. Those reserves were released following the final settlement of contracts.

Medical Plan and Flexible Spending Accounts

Open Enrollment Choices Can Be Made Online

If your agency is on the **State Controller's payroll system**, you can now submit all your Open Enrollment choices, including FSA enrollment, online.

You access the online enrollment program **using the same sign-on and password** you use to submit timesheets or view pay stubs.

Sign-On Steps:

- Once signed on, click on Employee Self Service.



- At the **IPOPS site**, put your cursor over the Self-Service tab on the left of the screen
- Select "Action".
- Choose either: "Open Enrollment" (for medical plan changes or

premium withholding changes); or FSA ("Flexible Spending Account" program).

If your agency is not on the Controller's payroll system, you will need to submit hard copy forms if you want to change medical plans, enroll or re-enroll in the FSA program, or change your premium withholding status.

All hard copy forms can be downloaded from the **Employee Portal**.

Deadline to Submit Changes: May 24

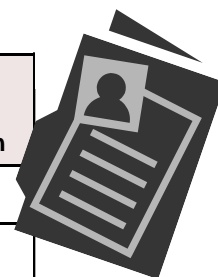
If you want to change from the Traditional Plan to the PPO Plan, or vice versa, you can only do so during the designated Open Enrollment timeframe: May 8 to 24th.

This is also the only time of year you can change your pre- or post-tax premium withholding status, or enroll or re-enroll in the Flexible Spending Account (FSA) program. **Whether you enroll online or submit hardcopy forms, all Open Enrollment choices will need to be received in the Office of Group Insurance by end of the business day on May 24, 2006.**

Fiscal Year 2007 Monthly Premium Rates: (No Changes)

The fiscal year 2007 monthly contribution rates for Employee-paid Medical, Dental and Vision coverage are listed below: **Note:** PPO, Traditional, Vision and Dental premiums are unchanged.

Medical, Vision, Dental	Employee Only	Employee Plus Spouse	Employee Plus Child	Employee Plus Children	Employee Plus Spouse Plus Child	Employee Plus Spouse Plus Children
PPO Plan	\$23.00	\$59.00	\$38.00	\$53.00	\$72.00	\$80.00
Traditional Plan	\$29.50	\$72.50	\$48.00	\$65.00	\$88.00	\$98.00
Vision Plan (VSP)	\$0.00	\$2.00	\$3.00	\$3.00	\$4.00	\$6.00
Delta Dental	\$4.50	\$26.75	\$22.25	\$34.75	\$39.00	\$45.25



Benefit	State Health Insurance Plans		
	Traditional	PPO In-Network	PPO Out-of Network
Deductible	\$350 Individual \$1,050 Family	\$250 Individual \$750 Family	\$500 Individual \$1,500 Family
Office Visit	Applied to Deductible	\$20 Co-pay (additional services subject to Deductible and Co-insurance)	Applied to Deductible
Co-insurance	80% / 20% of allowable charges	85% / 15% of allowable charges	70% / 30% of allowable charges
Out of Pocket Maximum	\$4,300 / Individual \$8,600 / Family Includes Deductible	\$3,250 / Individual \$6,750 / Family Includes Deductible	\$6,500 / Individual \$13,500 / Family Includes Deductible
Well Baby, Nursery Care	Subject to Deductible and Co-insurance	Subject to Deductible and Co-insurance	Subject to Deductible and Co-insurance
In Patient Hospital	Subject to Deductible and Co-insurance	Subject to Deductible and Co-insurance	Subject to Deductible and Co-insurance
Wellness	\$250 per person annual benefit for listed procedures, not subject to deductible. After \$250, expenses subject to deductible and Co-insurance.	\$20 Office Co-pay, then 100% for listed procedures. No annual limits. Unlisted procedures are subject to deductible and Co-insurance.	Not Covered, except for screening mammography services at 70% of allowable charges subject to deductible.

Supplemental Life Insurance Rates Unchanged

Supplemental Life Insurance premiums will not increase in FY2007. They will remain as follows:

(Per \$1,000 Coverage)			
Age	Mo. Prem.	Age	Mo. Prem.
35 and Under	\$0.08	56-60	\$0.73
36-40	\$0.11	61-65	\$0.99
41-45	\$0.16	66-70	\$1.52
46-50	\$0.26	71-75	\$2.17
51-55	\$0.41	76-80	\$3.27
		81-85	\$4.88



Prescription Drug Benefits — FY 07: (Traditional & PPO Plans — No Changes)

Network and Non-Network Dispensing	Network Pharmacy Co-payments	Non-Network Pharmacy Co-payments
30-day supply per co-payment Maintenance drugs — 2 co-payments per 90-day supply	Generic — \$12 Brand Name with no generic equivalent — \$18; Brand with generic equivalent — \$40 plus difference in cost between brand and generic.	\$25 co-payment plus 20% of balance.



Dental Benefits Enhanced, No Increase in Premiums

Effective July 1, State employees and their dependents will see an enhancement to their dental plan.

You may now have an opportunity to obtain care from a *Delta PPO* participating provider, qualifying you for enhanced benefits, as reflected in the chart to the right. If you receive services from a *Delta Premier* participating provider, your claims will be paid just the same as they are right now. There is **no increase** in your monthly premiums.

To see if your dental professional is a Delta PPO provider, go to Delta's website at: <http://www.deltadentalid.com/subscribers.aspx> and click on **Dentist Search**. You may also call the Boise Delta Dental customer service center: (208) 489-3580 or toll free: 1-888-333-3582.

In addition, there are **no enrollment forms to complete**. Your benefit payment will be determined by your dentist's participating provider status at the time your claim is incurred.

Delta Dental Benefits (Effective July 1, 2006)	Delta Premier (Current Benefit)	Delta PPO Participating Provider
Preventive & Diagnostic: Exams, Cleanings, X-rays	70%	85%
Basic: Fillings	70%	80%
Basic: Root Canals, Extractions, Periodontics	50%	80%
Major: Crowns, Crown Build- ups, Bridges, Dentures	50%	50%
Annual Maximum:	\$1,000	\$1,000
Waiting Period for Major Services:	12 Months	12 Months
Deductible: (Per person)	\$25	\$25*
Child Orthodontic Services:	50%	50%
Orthodontic Lifetime Max:	\$1,000	\$1,000
Waiting Period for Orthodontic Services:	12 Months	12 Months

* Deductible is not required for PPO diagnostic and preventive services

Asthma Management Added

State Wellness Program



A new, three-part Wellness Program for state of Idaho employees, retirees, and their dependents was announced as part of Governor Dirk Kempthorne's *Wellness Initiative* this past January.

The first phase, a **Tobacco Cessation** program began in February, followed by a **Weight Loss Management** program in March. Because special incentives are being offered through BCI and weight-loss providers, you have until **May 31** to enroll in the weight loss program. Next enrollment for the weight loss program will not be until spring, 2007.

Effective July 1, 2006, the **Disease Management Program** will be enhanced by providing voluntary intervention services for those Members and dependents with **Asthma**.

Congestive Heart Failure (CHF) and **Diabetes** disease management programs were

introduced last year in both the Traditional and PPO Plans.

Asthma Management

Even though clinical guidelines for treating asthma are readily available to members and their doctors, members do not always receive the best possible treatment.

Members who enter the asthma program are carefully tracked for outcome measurements to see how well they are

controlling and responding to their treatment.

BCI Identification 'Opt-In' or 'Opt-Out'

If you receive treatment for any of these three conditions, effective July 1, you will receive information from BCI requesting your participation in the Disease Management Program.

At that point, you may continue to participate, or can opt-out of the program.

The Disease Management Program serves to coordinate medical resources and information for both the plan member and the provider. This coordination can shift the care of chronic conditions from one of treatment to that of prevention and early detection.

Wellness Information Website Coming Soon

Detailed information about the State's Wellness Program and other helpful Wellness related links will soon be found on the State's Wellness website, currently under development.

Watch for its launch at:
www.wellness.idaho.gov

Cardiac Rehabilitation Benefits Introduced In Both Plans

Outpatient Cardiac Rehabilitation benefits have been added to both the Traditional and PPO medical plans, effective July 1, 2006.

Cardiac rehabilitation services are comprehensive, long-term programs involving medical evaluation, prescribed exercise, cardiac risk factor medications, education and counseling.

These programs are designed to:

- limit the physiologic and psychological effects of cardiac illness,
- reduce the risk for sudden death or reinfarction, control cardiac symptoms, stabilize or reverse the atherosclerotic process, and
- enhance the psychosocial and vocational status of elected patients.

New Dental Cards Sent

New Delta Dental ID Cards were mailed in March. If you did not receive your card, please contact Delta Dental at **208-344-4546** or toll free at **888-333-3582**.

Have You Moved?

If you have moved, you might want to make sure that both Delta Dental and Blue Cross of Idaho have your new mailing address. Contact Delta at the numbers above. Contact Blue Cross Customer Service at **331-8897** in the Boise area, or toll free at **866-804-2253**.

Department of Administration Office of Group Insurance

1-800-531-0597
(Boise Area: 332-1860)
ogi@adm.idaho.gov

www.adm.idahop.gov/insurance/group_index.htm

Blue Cross of Idaho
1-866-804-2253
(Boise Area: 331-8897)
www.bcidaho.com

Flexible Spending Accounts: A Tax-Free Option

Open Enrollment is the only time of the year you may enroll in the Flexible Spending Account (FSA) program.

If you are currently enrolled in the plan, you must re-enroll before the open enrollment deadline to continue your FSA participation during FY 2007.

Online enrollment is now available via the state employee portal at: www.employee.idaho.gov
(See story on page 1)

Whether you are enrolling online or via hardcopy form, the Office of Group Insurance must receive your information by the end of the business day, on May 24.

Flexible Spending Accounts allow you to pay for eligible health care and dependent daycare expenses on a tax-free basis.

There are two accounts from which to choose:

The Medical Reimbursement Account allows you to set aside up to \$3,000 per plan year to pay for eligible health care expenses such as:

- deductibles, coinsurance, co-pays.
- Over the counter medical treatment items such as aspirin and allergy medications.
- Orthodontia and hearing aids.

The Dependent Care Account allows you to set aside up to \$5,000 per plan year to pay for eligible dependent daycare expenses.

Additional information about eligible expenses and how to submit claims, is also available on online. See FSA Frequently Asked Questions at: www.employee.idaho.gov

Remember to carefully calculate the amount you want to set aside into your FSA accounts for the coming year.

Money left in either account after the plan year claim filing period ends is lost and cannot be carried over into the next year.

This publication presents general benefit information. In the event of any conflict between the information in this publication and the Plan provisions, the Plan documents and insurance contracts will govern.

State of Idaho
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Office of Group Insurance
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Open Enrollment May 8-24, 2006**

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